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CONFIRMATION NO. 7617

<b>SERIAL NUMBER</b> 10/607,598	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 4239-66190	
<b>APPLICANTS</b> Roland Martin, Bethesda, MD; Henry McFarland, Gaithersburg, MD; Bibiana Bielekova, Kensington, MD; <i>OK to 4/16/07</i>					
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/US02/38290 11/27/2002 which claims benefit of 60/393,021 06/28/2002 <i>OK to 4/16/07</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None to 4/16/07</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/25/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>m</i>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 36218					
<b>TITLE</b> Method for the treatment of multiple sclerosis					
<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		